


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90139 025 ***150.00

DOCUMENT # P04000005483 1. Entity Name DIXIE DAISY'S, INC.					
Principal Place of Business 330 COREY AVENUE ST. PETE BEACH, FL 33706 US			Mailing Address 330 COREY AVE SAINT PETERSBURG, FL 33706 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRAUSE, BETTE E 205 BALLYSHANNON ST. # B-501 MELBOURNE BEACH, FL 32951			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Bette E. Krause</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE: 4-12-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRAUSE, BETTE E	NAME			
STREET ADDRESS	205 BALLYSHANNON ST., #B-501	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRAUSE, KATHLEEN E	NAME	KRAUSE, KATHLEEN E.		
STREET ADDRESS	1408 LOCUST ST NE	STREET ADDRESS	455 24th ST N		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704	CITY-ST-ZIP	ST PETERSBURG FL 33713		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAGLEY, SHERRY	NAME	BAGLEY, SHERRY		
STREET ADDRESS	2174 6TH AVENUE NORTH	STREET ADDRESS	2315 18th ST S		
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	CITY-ST-ZIP	ST PETERSBURG FL 33712		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Bette E. Krause</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: BETTE KRAUSE 4/12/06 <small>Date Daytime Phone #</small>			

727-363-7808